

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21475

State File No. ....

BIRTH DATE JUL 9-1953

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2049

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Woodbury</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Sioux City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lindeman Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>3301 Lake Port Road 8148</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eben</b> b. (Middle) <b>G.</b> c. (Last) <b>BATES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 11, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2-12-66 1867</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chicago NW RR</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Winona, Minnesota</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Etha Bates</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>708-07-3814</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. James Bowles</b>		ADDRESS <b>5632 Forest, KC, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture Intertrochanteric Hip, Left</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>890 51</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>122</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5 19 53 24m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Fell down steps in dark.</b>			
22. I hereby certify that I attended the deceased from <b>3/19, 1953</b> , to <b>6/11, 1953</b> , that I last saw the deceased alive on <b>6/11, 1953</b> , and that death occurred at <b>3:51 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Richard L. Lehner</b>		23b. ADDRESS <b>1102 Grand Kansas City, Mo.</b>	
23c. DATE SIGNED <b>6/2/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-13-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>—</b>		24d. LOCATION (City, town, or county) (State) <b>Sioux City, Iowa</b>	
DATE REC'D BY LOCAL REG. <b>6-12-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b>		ADDRESS <b>Kansas City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Arthur Eugene Hook*

Licensed Embalmer No. *4912*

P. O. Address *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.